

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO **09/647586** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		0		/			54						
5		0		/			55						
6		0		/			56						
7		0		/			57						
8	/		/				58						
9		/		/			59						
10		0		/			60						
11		0		/			61						
12		0		/			62						
13		0		0			63						
14		0		0			64						
15		0		0			65						
16		/		/			66						
17		0		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		0			71						
22		0		/			72						
23		0		/			73						
24		0		/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35			/				85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46			/				96						
47			/				97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		5		TOTAL IND.						
TOTAL DEP.	23		13		7		TOTAL DEP.						
TOTAL CLAIMS	25		15				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS